



THE UTAH DEPARTMENT OF HEALTH, BUREAU OF MATERNAL AND CHILD HEALTH, EARLY CHILDHOOD UTAH – FINAL REPORT

ECCS Grant 2016-2020

Early Childhood Utah and three targeted communities engage in early childhood systems building and collective impact activities in order to promote children's developmental health.

Early Childhood Utah
earlychildhoodutah.utah.gov

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The Utah Department of Health, Maternal and Child Health Bureau's, Early Childhood Utah Program: Early Childhood Comprehensive Systems Grant Final Report (2016-2020)

I. Overall Aim and Results

The Utah Department of Health (UDOH) was one of 12 states to receive the Health Resources Services Administration (HRSA)/Maternal and Child Health Bureau (MCH), Early Childhood Comprehensive Systems Impact-Collaborative Improvement and Innovation Network Grant (ECCS). The ECCS grant was awarded for Federal Fiscal Years 2016-17 through 2020-21. The primary aim of the ECCS grant was to improve the developmental health outcomes for 0-3 year olds that reside within three targeted, or Place-Based Communities. The three Place-Based Communities (PBCs) chosen were Ogden (84401), South Salt Lake (84115) and San Juan County.

In order to meet the objectives of this grant, the UDOH/MCH Early Childhood Utah program worked closely and consistently with PBC leads and community-based programs to improve child access to developmental health screening opportunities. Through the ECCS grant, the UDOH funded, maintained, trained and enrolled Early Care & Education and Health programs in the UDOH *Brookes Publishing Ages and Stages Questionnaire Online Enterprise Account*®.

Community-based participation in the UDOH ASQ Online Account not only facilitated additional screening opportunities but screening data helped community and state early childhood leaders make data-informed decisions.

ECCS grant objectives include:

#1: Increase the number of place-based community screening programs enrolled and participating in the UDOH ASQ Online Enterprise Account.

- The data presented in the final evaluation show an increase in the number of PBC screening programs participating in the UDOH ASQ Online Enterprise Account with a peak in 2019 and a decline in 2020 likely attributable to service disruptions related COVID 19.
- According to 2019-2020 National Survey of Children's Health data, for children 9 months to 35 months, Utah increased screening percentages from 29.1% in 2018/19 to 34.2% in 2019/2020.

#2: Integrate Help Me Grow Care Coordination services into the place-based communities.

- The data presented in the final evaluation display an increased infusion of Help Me Grow Care Coordination Services within all three PBCs. All three PBCs and Help Me Grow anticipate continuing these collaborative efforts.

#3: Decrease the percentage of children (0-3) residing within the PBCs that fall below cutoff on the ASQ-3.

- The data presented in the final evaluation demonstrate that within each PBC and across Utah, the more children screened, the more children that are discovered with mild, moderate or marked developmental delay. On average, 8-9% of children screened (all ages) are below cutoff on the ASQ-3 and/or the ASQ: SE-2. When one examines screening results data at a program level, between 1%-21% of children are experiencing developmental delay. Typically, 60% of the time, delay is found in one domain only; 20% of the time delay is experienced in two or three domains, it is rare (4%) of the time that a child is behind in all five ASQ-3 domains (communication, gross motor, fine motor, problem solving and personal-social).
- Data analysis performed by Weber State University, in partnership with Prevent Child Abuse Utah's Parents As Teachers Program (Ogden), demonstrated children scoring below cutoff, that received ongoing services and regular/repeated developmental screening improved their disposition.

II. State and Community Strategies and Progress

With historical and ongoing support from ECCS grants, over the last 10 years the UDOH established and grew the state's first ASQ Online Enterprise Account. Since that time the account has accumulated over 80,000 screens representing more than 40,000 child profiles. This screening data is accumulated from ASQ-3 and ASQ: SE-2 questionnaires in English and Spanish.

The UDOH ASQ Online Enterprise Account along with Utah's Early Childhood Integrated Data System (ECIDS) has gathered this historical and current ASQ screening data from over 190 community-based screening programs. Currently there are over 50 community-based programs actively participating in this developmental health promotion program. The ASQ program is facilitated by the Early Childhood Utah Program (ECU) which is located within the Bureau of Maternal and Child Health (MCH).

Community-based screening programs represent many different care types such as Pediatricians, Community Health Clinics, Local Health Departments (LHDs), Universities, Child Care Programs, Early Head Start/Head Start, MIECHV Home Visiting and IDEA Part C Early Intervention grantees, Preschools, School Districts and Help Me Grow Utah.

All programs enrolled in the UDOH ASQ Online Enterprise Account are trained and educated about when, how and who to refer families and children to when screening scores indicate further action is needed. When a developmental concern is discovered some programs link families directly to programs like Home Visiting, IDEA Part C and/or IDEA Part B. Other programs refer the family to Help Me Grow Utah and/or to the child's pediatrician if they have one.

ECU also increased awareness of the importance of developmental screening and partners' knowledge of Help Me Grow's care coordination services across the state by working closely with all 13 LHDs, with MIECHV and state funded Home Visiting programs, IDEA Part C Early Intervention grantees, Head Start programs, Child Care providers, Community Health Clinics/Pediatricians along with members of the Early Childhood Utah Advisory Council.

A. Increase ASQ Training Opportunities

In partnership with the Utah Office of Child Care and United Way of Utah County's Help Me Grow program, Early Childhood Utah revitalized its ASQ training protocols.

ECU collaborated with HMG to develop monthly ASQ Online training for each of Utah's 13 Local Health Districts. The HMG ASQ training was published on the HMG website and available to any community providers to attend. This training was offered at no-cost to providers. In addition to the HMG training, the ECU Program Manager and the ECU Education Outreach Coordinator worked closely with the Health Department Nursing Directors to establish three tiered objectives.

Tier 1: ASQ Online Training and Promotion

- Promote ASQ Online *training* and the *use* of ASQ Online screening with community based organizations
- Attend ECU Advisory Council meetings

Tier 2: ASQ Trained and Ready to Use ASQ

- Conduct ASQ Online screens with clients through the WIC, Home Visiting, Early Intervention or other LHD programs.

Tier 3: Advanced ASQ Use

- Establish and implement a schedule to complete screens at 6, 12, 18 and 25 months; along with 3, 4 and 5 years of age.
- Integrate billing insurance into the system, i.e. determine if codes 96110 and 96127 can be utilized by the LHD to bill for developmental screens.

Additionally, in partnership with Utah's Office of Child Care, ECU's ASQ Online training was targeted to Licensed Child Care providers. This ASQ training was published on the ECU, the OCC and on the Child Care Resource and Referral Agencies' websites, although word of mouth became the most rewarding advertising method. Child Care providers earned Career Ladder incentives for participating in this training. Child Care programs that incorporated ASQ Online screening in their procedures earned points on the Child Care Quality Rating and Improvement System. ASQ training was tracked on the OCC Professional Development Registry. The importance of routine developmental health screening with a parent-completed tool, such as the ASQ, is emphasized in Utah's Child Care and Development Block Grant State Plan.

It is important to note, any program that contacted ECU or HMG was eligible to participate in either of these ASQ training opportunities. Another ASQ training highlight revolved around the UDOH Office of Home Visiting program. OHV contracted with HMG to provide ASQ training to new Home Visiting providers. Home Visitors, PBC providers and LHD's are the primary participants in the HMG ASQ training.

Once ASQ Online training was completed, congratulation emails were distributed and participants were solicited to enroll in the UDOH ASQ Online Enterprise Account. If a program expressed interest, an easy to complete, one-page enrollment form was shared with the program's manager and their ASQ lead. Often programs that used paper versions of ASQ or an ASQ Online Pro Account opted-in in order to take advantage of ECU support and the data analytic opportunities facilitated by the UDOH Early Childhood Integrated Data System.

After enrollment took place much support and TA was provided to assist programs with implementing ASQ Online into their program/practice.

B. Train the Trainers

All of Utah's ASQ Online trainers were required to attend a Brookes Publishing "Train the Trainer" event to become a certified trainer. The Brookes training offers a specific curriculum for future trainees. ECU and HMG enhanced the training curriculum to include resource and referral information which was appropriate for providers to give parents if a child scored in the moderate to below range on a screen. In early 2020 several ASQ Online trainings were offered in person. COVID-19 pushed all training to a virtual format. Virtual training may have increased the number of participants that were able to participate.

C. Expand ASQ Online Opportunities to Medical and Mental Health Providers

In addition to ECU's comprehensive work with Child Care providers and Local Health Departments, ECU worked closely with several pediatric providers. This collaboration is facilitated by Dr. Neal Davis, Sr. Medical Director, Pediatric Community-Based Care at Intermountain Healthcare. Dr. Davis and his team provided opportunities for ECU to present the benefits of ASQ Online to a statewide network of pediatricians. Shortly after ECU's first presentation, Utah Valley Pediatrics enrolled in the UDOH ASQ Online Enterprise Account. Utah Valley Pediatrics operates 9 different clinics in one of the state's most populated counties (Utah County) with Utah's highest birth rates. ECU is very excited about the screening potentials for young children this new relationship may bring.

Not only has Dr. Davis built a bridge between our program and community-based pediatricians he has also engaged Intermountain Healthcare's Hospital, Primary Children's Hospital and the University of Utah's Hospital Executive Leadership in discussions regarding integrating SWYC (Survey of Well-being of Young Children) data with the UDOH Early Childhood Integrated Data System. These discussions are preliminary/exploratory in nature however, the general concepts have been very well-received by this engaged group of medical leaders and may yield tremendous results.

Additional pediatric provider collaboration was facilitated by Summit and Wasatch County's Early Childhood Alliance. As a result of this community-led collaboration ECU successfully enrolled Wasatch Pediatrics and the People's Health Clinic in the UDOH ASQ Online Enterprise Account. These pediatric providers serve many young children that reside in these booming communities. The Early Childhood Alliance is also connecting ECU to additional community-based medical providers, child care facilities and home visiting programs.

Wasatch Behavioral Health, Utah's public/Medicaid provider in Utah County and Wasatch County serves 1000's of young children with social-emotional health needs. Recently, the ECU Education Coordinator enrolled this large program in the UDOH ASQ Online Enterprise Account. Onboarding this program will significantly increase the number of screens facilitated and received by the UDOH ASQ Online Account.

D. Place Based Communities

ECU worked closely with the three Place Based Communities. Every PBC hosted ASQ training. Each PBC focused upon increasing the use of ASQ Online by engaging and educating partners on the tool, sharing resources and how to refer families with young children to the appropriate services. PBC partners

included United Way of Northern Utah, United Way of Salt Lake, United Way of Utah County's Help Me Grow program, Local Health Departments, Home Visiting and Early Intervention providers, Early Head Start, Head Start and Community Health and Pediatric providers. One of the overarching ambitions of the PBCs was to increase knowledge of the UDOH ASQ Online program and how to effectively implement developmental screening into practice with the young children community-based programs served.

➤ **South Salt Lake (84115)**

The South Salt Lake - Place Based Community (SSL-PBC) leads collaborated closely with the City of South Salt Lake to advertise and promote early childhood programs through the city's social media sites, monthly newsletters (digital and print) and during in-person events. Information shared through these modalities included community and family/child activities and service based resources tailored specifically for families with young children that resided in this area. A quarterly survey was distributed to all partners requesting updates on training opportunities/needs, social media posts, outreach events and website resources.

The SSL-PBC engaged many new partners and increased participation at monthly meetings. The PBC leads outreached to community programs not enrolled in the UDOH ASQ Online Enterprise Account to better understand and strive to overcome barriers to implementation. The SSL-PBC reached leadership at local community health clinics, the local health department and engaged with new staff at Utah Community Action and the Waterford Upstart program.

The SSL-PBC has two parents that have been engaged in meetings and one who has attended each month throughout the entire grant. These parents were identified through their participation in Salt Lake County's Home Visiting Program. SSL-PBC leads attend and report out at statewide ECU Advisory Committee meetings and actively participate in two ECU subcommittees whose objectives align very well with ECCS grant objectives. SSL-PBC leads also engaged in national and statewide ECCS meetings, webinars, training, etc.

The SSL-PBC focused on developing a map of community resources and referral processes. The SSL-PBC has and continues to acquire aggregate referral information to and from each partner organization. Leads are assembling this data into a community map to better understand and streamline referral and triage processes. Including ASQ screening summary data in this mapping process is a future ambition.

The SSL-PBC also worked on expanding volunteer home visiting to help increase access to home visiting resources and referrals and streamline access to formal early childhood programs including Salt Lake County's Nurse Family Partnership and/or Parents As Teachers Program. Monthly updates and check-ins across providers helped inform and remind partners of available resources and referrals for families with young children residing within South Salt Lake.

The Salt Lake County Health Department's Home Visiting - Parents As Teachers Program worked in collaboration with community partners to ensure eligible and interested pregnant mothers and families with young children received essential home visiting services and routine developmental screening opportunities. Home Visiting and other early childhood programs such as DDI Vantage, one of the state's

Early Head Start and IDEA Part C Early Intervention community grantees were foundational and invaluable partners in these collective impact efforts.

➤ **Ogden (84401)**

Ogden partnered with community-based pediatric clinics along with additional programs to increase ASQ screening opportunities for families with young children and to increase referrals to Home Visiting, Early Intervention, Early Head Start and other early childhood programs and services.

The Ogden PBC hosted a Developmental Screening Day annually at a local mall. This event included participation from Help Me Grow, Intermountain Healthcare, Weber State University, Prevent Child Abuse Utah along with many others. Parents and children were actively engaged in various playful activities and given the opportunity to engage in developmental screening onsite. Appropriate linking and referrals were actively provided.

The United Way of Northern Utah also subscribed to and promoted Bright by Text to coordinate and promote community-based developmental screening opportunities and to engage parents as the first and most important teachers of their children. Through this service partner agencies could 'spread the word' regarding various community activities from the annual screening event to diaper and formula drives. Additionally, families were encouraged to enroll in Bright By Text in order to receive periodic texts regarding age specific developmental milestones and related activities they could engage in with their child or children.

A college in this area, Weber State University, was quite engaged as a member of the Ogden Place Based Community team. In addition to analyzing and reviewing ASQ data with statewide and community stakeholders, WSU embeds developmental health training and related skills in their curriculum with lab-school students enrolled in their College of Child & Family studies. WSU students have the opportunity to conduct ASQ screens with their preschoolers and to make connections/referrals with parents. WSU also partnered with United Way of Northern Utah's Welcome Baby program on the redesign of their home visiting curriculum and included the use of Help Me Grow and ASQ within this curriculum. WSU also helped to create a community flow chart consisting of initial program intake, to screening services, to referrals/care coordination and to additional assessment/intake as applicable.

Ogden PBC leads consistently participated in national and statewide ECCS working meetings along with the ECU Advisory Committee and actively engaged in ECU subcommittees.

➤ **San Juan County**

The San Juan County PBC worked tirelessly on increasing the collective use of ASQ screening tools by identifying barriers to implementation within their community. The San Juan PBC identified two primary barriers.

First, the amount of time it takes to administer and follow up with a developmental screening seemed to be a significant barrier. When collaborating with local healthcare providers, practitioners stated there was not enough time during well-child visits to administer the ASQ. Additionally, WIC program staff reported attempting to facilitate screens during WIC appointments. Unfortunately, parents often

rejected this opportunity stating they preferred to finish the WIC appointment and not take additional time to complete and discuss the results of the screen.

Secondly, a lack of awareness and education about developmental screening was also identified as a barrier. When collaborating with early childcare providers it appeared that some had a lack of knowledge about ASQ opportunities and the overall importance of screening.

The SJC PBC established they would evaluate progress toward addressing identified barriers through consistent analysis of ASQ screening data. Their aim was to make data driven decisions with regards to assisting partners with incorporating developmental screening into a regular and sustained practice. SJC PBC's Continuous Quality Improvement (CQI) goal was to engage community partners in this collective impact work and by doing so, identify gaps and build bridges in the gap of services provided throughout the county.

One of the methods the SJC PBC used to increase developmental screening rates was to promote utilization of Help Me Grow screening and care coordination services. This helped providers who were too busy to complete a developmental screening during a well-child check. By referring their families to HMG, providers could ensure a screening was complete and followed through with their pediatric clientele. Additionally, when local health department staff were consumed with sick patients and COVID-19 vaccination clinics, Help Me Grow was able to reduce the workload of health department staff by completing screens and facilitating care coordination.

Home Visitors were also a significant part of increasing ASQ screens and making developmental resources available to families with young children located throughout this massive frontier community. Once COVID-19 took hold, Home Visitors transitioned to virtual home visits and continued to help families with the resources they needed.

Additional accomplishments include, 1) creating a family resource guide booklet that was distributed to all residents in the county, 2) working with WIC and Targeted Case Management programs to see if those programs could integrate ASQ's into their visits, and 3) screening pregnant and postpartum women for depression or anxiety.

One of the final reporting measures documentation submitted by San Juan County stated that, "better communication between locals and the state has been helpful. It is nice to have the support of the state team." The consistency and great leadership of San Juan County's PBC lead, Brittney Carlson, led to great collaborative efforts throughout the county.

In the coming months, two SJC nurses will facilitate an UPLIFT support group for pregnant and postpartum women who are struggling with depression, anxiety or have risk factors. San Juan County expects to continue monthly PBC meetings and to continue collaboration work on increasing screening rates throughout the region.

Finally, San Juan PBC leads consistently participated in national and statewide ECCS working meetings along with the ECU Advisory Committee. San Juan engaged with a parent representative throughout the grant period.

E. Additional Local Initiatives

The Ogden (84401) PBC has a close relationship with United Way of Northern Utah's Welcome Baby program. ECU, United Way and Welcome Baby worked together to enroll Welcome Baby into the UDOH ASQ Online Enterprise Account and to train new employees in a newly created position, Home Visitation Coordinator. These AmeriCorps positions will provide a bridge between providers and families for completing ASQs and assist families with locating resources and information they may need. There are six AmeriCorps providers hired and trained in the ASQ. Early Childhood stakeholders look forward to assessing the impact AmeriCorps providers may have on the developmental screening initiative.

III. State Initiatives, Integrated System Measures and Developmental Health Indicators

A. UDOH - Maternal and Child Health Bureau

In order to align agency and division efforts with the objectives on the ECCS grant, the UDOH Bureau of Maternal and Child Health selected National Performance Measure #6 as an aim. NPM #6 is to increase the percentage of developmental screens received by children ages 9 months-35 months.

MCH articulated one objective for NPM #6 in 2020: Increase the percentage of children, ages 9 months through 35 months, who receive a parent-completed developmental health screen.

MCH and ECU developed two related strategies:

1. Increase the number of parent-completed developmental health screens received by children ages 9 months - 35 months by training additional Early Care & Education and Health programs in ASQ Online.
2. Increase the number of parent-completed developmental health screens received by children ages 9 months - 35 months contributed to the UDOH ASQ Online Enterprise Account.

B. The Governor's Early Childhood Commission

In 2020, Utah's new Early Childhood Governor's Commission endorsed the ASQ-3 and ASQ SE:2 as the state's early childhood developmental screening tool. Early childhood system, agency, program and community leaders are conducting assessments and co-creating blueprints to implement developmental screening, across all applicable agencies and programs, on a much broader and deeper scale than ever before. Ideas and pursuits include the potential development of a cross-agency/cross-program early childhood governance structure. A structure of this nature may help to better coordinate and increase developmental screening across Utah's largest family and child service agencies, namely the Utah Department of Health, the Utah Department of Human Services, the Utah State Board of Education and the Utah Department of Workforce Services.

Additional ideas and pursuits early childhood system leaders are taking is the migration of child level ASQ Online data to the state's immunization database and to Electronic Medical Records. EC system leaders hope data enhancements of this nature will incentivize additional programs to participate along with improving care coordination and reducing duplication of effort. We share a common vision,

children with developmental delays should be identified early and receive the appropriate monitoring and/or interventions in order to improve their life trajectory.

C. Preschool Development Block Grant Birth-Five Needs Assessment and Strategic Plan

With assistance and support from the HHS/ACF Birth-Five Preschool Development Grant, the Utah Office of Child Care, the Kem C. Gardner Policy Institute and the Sorenson Impact Center at the University of Utah, Utah developed a B-5 Needs Assessment and Strategic Plan. The B-5 Needs Assessment provides insight into Utah's early childhood care and education mixed delivery system and how it can be better coordinated to meet the needs of children and families. The B-5 Needs Assessment informed a statewide B-5 Strategic Plan.

The B-5 Strategic Plan establishes a roadmap to improve Utah's early childhood system by increasing efficiencies and effectiveness for programs, services, children and families. The report highlights the importance of dedicated funding for robust staffing at the system level solely focused on coordination and alignment duties. The Governor's Early Childhood Commission, the Early Childhood Utah Advisory (the State Advisory Council), its five subcommittees and executive committee along with the ECU program have all embraced and are applying the B-5 strategic plan activities into their work and applicable measures. Both documents outline the importance of family engagement along with strategies promoting developmental health and coordinated screening.

D. The UDOH Early Childhood Integrated Data System

The UDOH Early Childhood Integrated Data System (ECIDS, pronounced E-Kids) has been primarily supported by ECCS funds along with additional federal and philanthropist support. ECIDS is intentionally designed to gather, integrate, match and display data regarding the overall participation of children in various early care and education programs. Multiple agencies and programs currently participate in ECIDS including: Vital Records, WIC, MIECHV Home Visiting, IDEA Part C Early Intervention (Baby Watch), the Office of Child Care and two Head Start grantees. ECIDS produces distinct count, service summary and program crossover data for all of these programs and for the Early Childhood Utah ASQ program.

ECIDS integrates and makes ASQ screening summary data available to statewide and community partners. This ASQ data is generated from the UDOH Brookes Publishing ASQ Online Enterprise Account. ECIDS informs stakeholders which intervals children are screened at, what the results are, how many distinct children have received screens from one or more community-based programs along with screening program crossover data.

All ECIDS data is de-identified, aggregated and small cell size suppression is applied. ECIDS is in the final stages of achieving the ability to disaggregate the data described above by small age groups, gender and race/ethnicity. Additionally, ECIDS is integrating programmatic frequency and dosage data.

The overarching goal of ECIDS is to empower early childhood stakeholders and policy-makers to make data-driven decisions related to tracking agency progress at improving child services, family engagement and the broader early childhood system. The UDOH ECIDS and the Utah Data Research Center (the statewide longitudinal data system) are working toward a data sharing agreement developed with the intent of facilitating impact/outcome data metrics, analysis and research. Data dashboards and professional research of this nature will ultimately provide programs with the type of information needed to engage in Continuous Quality Improvement activities.

During this grant period, in partnership with many local and national stakeholders, ECU also developed and deployed an Early Childhood Community Assessment Tool (CAT). The CAT is a publically available Tableau data product composed of under-six: population, poverty, race/ethnicity, community resources, mother/child risk-factors along with other administrative data and links. The CAT was developed to assist ECU and other early childhood programs with conducting community to statewide needs assessments and is accessible through the ECIDS website.

IV. Sub-Populations and Addressing Inequities

A. Local Health Departments - Early Childhood Utah's developmental health promotion work focused upon all 13 Local Health Departments. LHD's are located throughout Utah and serve residents of communities that experience high rates of poverty, inequities and negative social determinants of health. This collaboration's aim was to encourage and empower LHDs to facilitate developmental screening to all young children served at Well Child Check-Ups, WIC appointments and/or Vaccination Clinics. LHDs are integral partners for achieving ECCS aims and MCH's National Performance Measure #6. All 13 LHDs were enrolled in the UDOH ASQ Online database and are at various stages of implementation. Prior to COVID-19, Davis County Health Department contributed over 3,400 screens to the system (2019).

B. South Salt Lake (84115) – SSL was chosen and prioritized as a targeted community partner due to their Collective Impact Network lead by United Way of Salt Lake along with many passionate and effective community agencies and programs such as Salt Lake County Health Department's Home Visiting Program, the Children's Service Society, DDI Vantage (Early Intervention and Early Head Start) and Help Me Grow Utah. SSL was also selected as an intervention site due to the following **baseline** of health equity indicators. (*American Fact Finder 2014; IBIS 2015, US Zip Codes 2015 & 2020*)

- * SSL had the second highest teenage (15-19) birth rate in Utah at 65%
- * SSL had lower birth weights (8.4%) compared to Salt Lake County (7.6%) and Utah (7%)
- * 24% of adult SSL residents identified cost as a barrier to accessing health care
- * 23% of SSL residents did not have health insurance coverage
- * 38% of SSL residents did not have access to a primary health provider
- * 35% of SSL's pregnant mothers did not access prenatal care in the first trimester
- * SSL had Utah's third highest suicide rates
- * SSL had the lowest median income in Utah
- * 31% of SSL residents lived in poverty compared to 13% statewide
- * 44% of children in SSL lived in poverty compared to 15% statewide and 21% nationally

According to the [UDOH Health Improvement Index \(2018\)](#) which ranks all small communities throughout the state according to nine significant determinants of health, with 99 being the most marginalized community, SSL ranks 95th. SSL is home to several thousand refugees and to approximately 2,640 children under-six.

In part, due to the collective impact efforts described here, the following services were received by **1,625 distinct children**, residing in 84115, that were still under-six years old on 12/31/20 (UDOH-ECIDS Report #1):

Program:	Summary and Distinct Counts of Children served in 84115:
DWS-OCC: Child Care Subsidy Program	411
UDOH-CSHCN: Baby Watch Early Intervention IDEA Part C Program	509
UDOH-MCH: Early Childhood Utah ASQ Program	220
UDOH-MCH: WIC Program	1321
UDOH-MCH: Home Visiting Program	54
ECIDS Summary Count	2,515
ECIDS Distinct Child Count	1,625

C. Ogden (84401) - Ogden was chosen and prioritized as a targeted community due to their Collective Impact Network lead by United Way of Northern Utah along with many engaged and effective partners such as Weber State University's Department of Child & Family Studies, Prevent Child Abuse Utah's Home Visiting Program and Midtown Community Health Center. The baseline health disparities related to children's developmental health and family well-being, listed below, focus on eight census tracts that fall within the 84401 zip code along with eight census tracts located within adjacent neighborhoods. This small community 'carve-out' is known as the Ogden United Promise Neighborhood footprint. The first data set represents the OUPN footprint and the second data set represents the rest of Ogden, unless indicated otherwise (*American Fact Finder 2014; IBIS 2015, US Zip Codes 2015 & 2020*):

- * Household median income: OUPN - \$28,975; Ogden - \$50,741
- * Owner occupied residence: OUPN – 36%; Ogden – 64%
- * Households receiving SNAP benefits: OUPN – 31%; Ogden - 14%
- * Uninsured medical: OUPN - 33%; Ogden – 17 %
- * Foreign born population: OUPN – 20%; Ogden – 9%
- * Primarily Spanish speaking: OUPN – 34%; Ogden – 12%
- * HS graduate or higher: OUPN – 69%; Ogden – 88%
- * Bachelor's degree or higher: OUPN – 10%; Ogden – 24%
- * Low birth weight: OUPN – 10%; Utah - 7%
- * Preterm birth: OUPN – 13%; Utah – 9%
- * Adolescent birth rate: OUPN - 69 per 1000; while Utah was 20.60 and the national average was 26.60
- * Single parent households: OUPN – 27%; Utah 19%.

According to the [UDOH Health Improvement Index \(2018\)](#) which ranks all small communities throughout the state according to nine significant determinants of health, with 99 being the most marginalized community, South Ogden is #64, the Ben Lomond community is #66 and Downtown Ogden is #87. There are approximately 4,000 children, under-six, residing in the 84401 area.

In part, due to the collective impact efforts described here, the following services were received by **2,385 distinct children**, residing in 84401, that were still under-six years old on 12/31/20 (UDOH-ECIDS Report #1):

Program:	Summary and Distinct Counts of Children served in 84401:
DWS-OCC: Child Care Subsidy Program	608
UDOH-CSHCN: Baby Watch Early Intervention IDEA Part C Program	819
UDOH-MCH: Early Childhood Utah ASQ Program	631
UDOH-MCH: WIC Program	1,851
UDOH-MCH: Home Visiting Program	135
ECIDS Summary Count	4,044
ECIDS Distinct Child Count	2,385

D. San Juan County – SJC was chosen and prioritized as a targeted community due to their standing as a [Federal Rural IMPACT Grant](#) community. Rural Integration Models for Parents and Children to Thrive (IMPACT) models and demonstration sites were designed to help communities adopt a two-generation approach to addressing the needs of both vulnerable children and their parents. The San Juan Foundation provided the initial local leadership on the ECCS grant followed by the SJC Health Department. The SJC Health Department's Home Visiting Program, the San Juan School District, the Rural Utah Child Development Center (Head Start), the Utah Navajo Health System and many others contributed to collective impact throughout this massive frontier community. Baseline health disparities related to children's developmental health and family well-being are listed below (data sources include the Utah Intergenerational Welfare Reform Commission Report, ACS 5 Year Estimates, U.S. Bureau of Labor Statistics; Utah Department of Workforce Services and County Health Rankings-2015):

- * More than 40% of the children in SJC were at risk of remaining in intergenerational poverty
- * 47% percent of the SJC population is American Indian with 45% belonging to the Navajo Tribe
- * 32% of all SJC children were living with a single parent
- * SJC had an unemployment rate of 7.6%, Utah was 3.5% at the time (2015)
- * 28% of SJC adults were uninsured, Utah was 19%
- * 15% of SJC children were uninsured, Utah was 10%
- * Low birth weight rates in SJC were at 9.2%, Utah was 7%.
- * Smoking in the third trimester was 9.8% in SJC, Utah was 2.9%
- * Educational attainment, % of >25 with a bachelor's degree or higher, SJC 16.3%, Utah 30.3%
- * Poverty rate in SJC was 28.1%; Utah was 12.8%

According to the [UDOH Health Improvement Index \(2018\)](#) which ranks all small communities throughout the state according to nine significant determinants of health, with 99 being the most marginalized community, San Juan County is 99th. There are approximately 1,473 children, under-six, residing in San Juan County.

In part, due to the collective impact efforts described here, the following services were received by **665 distinct children**, residing in San Juan County, that were still under-six years old on 12/31/20 (UDOH-ECIDS Report #1):

Program:	Summary and Distinct Counts of Children served in San Juan County:
DWS-OCC: Child Care Subsidy Program	70
UDOH-CSHCN: Baby Watch Early Intervention IDEA Part C Program	203
UDOH-MCH: Early Childhood Utah ASQ Program	212
UDOH-MCH: WIC Program	518
UDOH-MCH: Home Visiting Program	62
ECIDS Summary Count	1,065
ECIDS Distinct Child Count	665

V. Barriers and Solutions to Achieving Collective Impact

Specific challenges and barriers related to implementing this grant and achieving ECCS objectives include: 1) funding, 2) time/resources, and 3) staff turnover.

A. Funding

Funding that is dedicated, ongoing and robust enough to sustain continual statewide and community focus on system improvement activities proves to be elusive. Funding dedicated toward early childhood systems improvement is recommended in the state's PDG B-5 Strategic Plan. The Early Childhood Utah Program engaged in multiple funding conversations and proposals with state and agency leaders but state funding has not been allocated to this facet of collective impact work yet.

The ECU Program applied for private/philanthropic funding from Utah's Sorenson Legacy Foundation and received a one-time grant for \$30,000 to fund ongoing ASQ work with childcare and medical providers. The ECU program continuously applies for state Building Block grants to support ECIDS enhancements and ongoing maintenance. ECU has discovered state Building Block opportunities to be highly competitive due to COVID-19 direct service priority requests. ECU has also applied for other grants and received feedback the grant was not awarded based on the grantor's point of view the state should provide matched and/or ongoing funding for early childhood systems work.

ECU is dedicated to consistently applying for a wide-array of funding opportunities to ensure the ECU Developmental Health Promotion Program (ASQ), ECIDS and the CAT last long into the future. Throughout this grant period, ECU leveraged funds from the Maternal and Child Health Block Grant, from the Child Care Health and Development Block Grant and from the Department of Education's Statewide Longitudinal Data Systems Grant. ECU also leveraged one-time funding from the W.K Kellogg Foundation through the University of Pennsylvania's Consortium for Policy Research and Education Program along with funding from the Heising-Simons Foundation through the Child Trends SHINE initiative.

An additional challenge related to incorporating developmental screening into pediatric practices revolves around low reimbursement rates and the time/resources it takes for any practitioners to fully implement parent engaged developmental screening activities.

B. Time and Resources

Best practices around facilitating developmental screening include a meaningful interaction and partnership with the parent(s), exploring the screening results together and recommending activities and/or further assessments and interventions that may be indicated. Additionally, in order to track and measure objectives related to the ECCS grant, screening programs along with various community partners were expected to enter ASQ data into the UDOH ASQ Online Enterprise Account and to regularly submit related data to the ECU Program. Place Based Community stakeholders were also asked to attend local, state and national meetings in order to invoke CQI practices and to receive technical assistance. Implementing this type of endeavor takes dedicated staff, time and resources. The ECCS grant was not robust enough to fully compensate state and community stakeholders nor to incentivize many programs to participate.

Thankfully, Place Based Community leaders and stakeholders such as Midtown Children's Clinic, Salt Lake County and San Juan County Local Health Departments, Prevent Child Abuse Utah, Rural Utah Child Development (Early Head Start), DDI Vantage (Early Intervention), Help Me Grow Utah and many others stepped up to meet the challenges of this grant.

One particular success and interest to community health clinics and pediatric providers was Midtown Children's Clinic in Ogden. Midtown Children's Clinic innovated a practice that provided an opportunity for parents to complete screens, in English or Spanish, prior to their child's appointment on tablets while they were in the waiting room. After the screen was complete, the attending assistant, nurse and/or pediatrician discussed the results of the screen and triaged as applicable. In 2018, Midtown Children's Clinic contributed one screen to the UDOH ASQ Online Enterprise Account, in 2019 the same clinic contributed 103 screens to the UDOH account.

C. Staff and Program Turnover

Throughout the timeframe of this grant, there were many changes in leadership which brought transition challenges, but also successes. At the community, state and national technical assistance level there was constant churn of turnover from program leaders. When there is turnover, it takes considerable effort to orient and bring new staff up to speed.

In February of 2019, a new program manager and a new education coordinator became the UDOH leads for the ECCS grant. This new leadership examined the previous work and the associated performance measures. In close collaboration with the state impact grantee team, a deeper analysis of the workplan and contractual requirements took place. These efforts also resulted in a contractual shift of revenue to better support the place based communities in their efforts. A renewed energy in meeting the grant requirements and an increased focus on developmental screening surfaced.

During this period of change at the state level, there was also turnover in leadership within all three PBCs. The San Juan County PBC lead transitioned from the San Juan County Foundation to the Local

Health Department. This transition helped to increase the community's recognition of the ECCS collective impact work and of the local leadership that was supporting it. The number of community participants increased and new focus on the grant was generated. In both the Ogden and South Salt Lake PBCs, similar changes in leadership sparked innovative ideas on how to increase parental participation and grow screening initiatives in their respective communities. The leadership changes that occurred increased staff and parental engagement and were viewed positively as the grant came to an end.

D. Spread Strategies

As per 2021 legislation, the Utah Department of Health and the Utah Department of Human Services are being consolidated into one agency. Additionally, Early Childhood programs hosted across multiple agencies are being assessed for the potentials of engaging in a streamlined governance structure. Agency consolidation and a merged Early Childhood Governance structure have potentials to increase developmental screening exponentially. These are quite complex ambitions that will take time to map out and execute effectively. Several steering and working committees, including an early childhood working committee, have been established to ensure an improved service delivery system emerges from this systemic endeavor.

As noted in Section III-B., in 2020, Utah's new Early Childhood Governor's Commission endorsed the ASQ-3 and ASQ SE:2 as the state's early childhood developmental screening tool. Early childhood system, agency, program and community leaders are conducting assessments and co-creating blueprints to implement developmental screening, across all applicable agencies and programs, on a much broader and deeper scale than ever before.

VI. COVID-19 – Challenges and Triumphs

The challenges our program and community partners faced with continually increasing the number of screens received by young children revolved around direct service delivery issues related to the COVID-19 pandemic. Programs contributing screening data to the UDOH ASQ Online Account are direct service providers. Due to COVID-19, many direct service providers such as Home Visiting, Early Intervention, Head Start, Child Care and Pre-K suspended services for quite some time as they moved to virtual services, when possible. Some, but not all, providers are beginning to offer face/face services again. Due to this adjustment phase and competing priorities, the number of screens contributed to the UDOH ASQ account declined in 2020/21.

A positive side to COVID-19 related challenges is that additional policy-makers and stakeholders have been made aware of developmental milestones and how delay may be rooted in children receiving abbreviated or no services at all. This awareness has led to an increased emphasis on the importance of developmental screening and care coordination. Through November 16, 2021, UDOH received almost 10,000 screens from community screening partners; hopefully this is an indication of a sustained upward trend.

A. Home Visiting Heroes

Home Visiting and other Early Intervention programs in all three Place Based Communities moved quickly to a virtual services delivery model. Initially families were hesitant to participate in virtual sessions. However, in time parents began to embrace and enjoy this new way of interacting with their home visitor. Home Visitors developed creative ways of maintaining social distancing guidelines and isolation policies while still engaging with their families.

One of the creative ways Home Visitors reached families was to prepare and place activity boxes with crafts, lesson plans, masks, hand sanitizers and many other useful items on the porches of families' homes prior to a virtual appointment. The lesson plan, activities, crafts, etc. were then used during the virtual home visit. Group Reading Zoom Meetings were also arranged for families to participate in.

Home Visitors reported parents who had to rely more heavily upon their own emerging skill sets, gained additional traction and their children demonstrated significant progress. Improved parent-child interactions and the associated progress increased parents' self-awareness along with their self-esteem.

Two PBC Home Visitors were also tasked with participating in their agencies' vaccination efforts. One home visitor was assigned to assist the community at a massive testing site in Salt Lake County. Another Home Visitor practices in a very rural/frontier region of Utah and was tasked with administering shots and helping this American Indian/Navajo Nation community receive the vaccine. This Home Visitor even became a personal mobile vaccination site to reach families that lack transportation and reside in these very distant regions of the state.

B. Parent Engagement Opportunities

PBCs also discovered they received increased participation from parents due to their ability to participate in meetings virtually. One parent reported participating in virtual meetings helped her to discover valuable information with regards to COVID-19 resources. This information helped her family as well as her personal network of parents and caregivers in her community.

Many parent engagement boards existed prior to COVID-19 but they experienced limited attendance due to conflicting schedules and having children at home. The virtual setting allowed for children to be present during meetings and scheduling conflicts rarely existed. The Ogden PBC coordinated with Prevent Child Abuse Utah and formed a parent engagement group that helped inform and frame new work going forward. South Salt Lake PBC parents helped organize virtual activities for families in their community.

C. Program, Staff and Training Virtual Adjustments

As the COVID-19 pandemic took hold, all PBC and state team meetings transitioned to a virtual format. This format created an opportunity for additional members to attend meetings and provide valuable input, information and feedback. Participants didn't need to spend additional time traveling to and from meetings and could attend with improved focus. Additionally, ASQ training went to a virtual format. This training was advertised to all PBC participants and ECU developed targeted training sessions for the

Local Health Departments and their community partners. ECU also launched an ASQ training webinar that was made available to any interested childcare provider throughout the state. Through these opportunities ECU increased the number of providers trained to administer the ASQ. Once training was complete, programs were given the opportunity to enroll in the UDOH ASQ Online Enterprise Account.

VII. Sustainability

Many of the elements described in this report will continue. Some activities and products will be supported by the new ECCS grant; other related activities will also be supported with grants from: HRSA/MCH, HRSA/MIECHV, ACF/CCDBG, ACF/Head Start, Dept. of ED., etc.

Categories:	Elements sustained after 2016-2020 ECCS Grant:	Element Sustaining Mechanism
State level infrastructure	ECU program activities such as systems work and ASQ coordination. Early Childhood Integrated Data System ECU Advisory Council and Subcommittees Governor's Early Childhood Commission	ECU program activities and ECIDS will be sustained by the new ECCS grant and the MCH Block Grant for NPM #6 efforts.
Community level infrastructure	United Ways' Collective Impact Efforts Help Me Grow Care Coordination Help Me Grow>ASQ Local Health Departments>ASQ Home Visiting>ASQ Early Intervention>ASQ Head Start>ASQ Child Care>ASQ Community Health Clinics>ASQ Pediatricians>ASQ Local Education Agencies>ASQ Weber State University Lab School>ASQ	Various agencies, programs and funding sources outside of the new ECCS grant such as Federal Block Grants and the American Recovery Plan funding.
Collaboration between state and community	The collaboration between statewide and community based providers is essential to the delivery of services and will continue.	The ECU program will continue to facilitate collaboration between state and community providers. ECU program activities are funded by the new ECCS grant and MCH for NPM #6.
Supports to developmental screening	Supports to developmental screening will continue through UDOH/ECU, the Utah Office of Child Care along with many other state and community stakeholders.	ECU program activities will be sustained by the new ECCS grant and through MCH funding for NPM #6 efforts.
Family Leadership and engagement	Family leadership and engagement will continue through the ECU Advisory Council's Parent Engagement, Support and Engagement Subcommittee. Many community based programs have established relationships with family leaders that will continue.	The new ECCS grant will support targeted parent engagement activities.

VII. Key Findings from Evaluation

The UDOH ECCS 2016-2020 Final Outcome Evaluation was designed to demonstrate if the overarching aim of the ECCS grant was accomplished. An ancillary evaluation performed by Weber State University was designed to discover longitudinal outcomes for young children that received consistent home visiting services coupled with routine developmental screenings. Home Visitors utilized the Parents As Teachers model/curriculum. The overarching ECCS aim and high-level findings from both evaluations are outlined at the beginning of this report. The Weber State University study is attached as an appendix to the final evaluation. The ECCS Final Outcome Evaluation was conducted by Early Childhood Utah program staff. Help Me Grow Utah and each Place Based Community contributed significant and meaningful data to these efforts. Screening data was primarily generated from the UDOH Brookes Publishing ASQ Online Enterprise Account and from the UDOH ECIDS. ECCS outcome evaluation measures were shared through monthly dashboard and annual reports throughout the term of the grant. The ECCS evaluation outcome process was utilized in an ongoing and iterative manner for all stakeholders to inform the continuous quality improvement process. The ECCS Final Outcome Evaluation will be shared with all stakeholders.

The primary questions the ECCS Final Outcome Evaluation was designed to answer are:

#1: Did this collective impact effort increase the number of place-based community screening programs enrolled and participating in the UDOH ASQ Online Enterprise Account?

#2: Did this collective impact effort better integrate Help Me Grow Care Coordination services into the place-based communities?

#3: Did this collective impact effort decrease the percentage of children (0-3) residing within the PBCs, that fall below cutoff on the ASQ-3?

The main findings of the evaluation and related data include:

- An increase in the number of PBC screening programs participating in the UDOH ASQ Online Enterprise Account with a peak in 2019 and a decline in 2020 likely attributable to service disruptions related COVID 19.
- According to 2019-2020 National Survey of Children's Health data, for children 9 months to 35 months, Utah increased screening percentages from 29.1% in 2018/19 to 34.2% in 2019/2020.
- The data presented in the final evaluation display an increased infusion of Help Me Grow Care Coordination Services within all three PBCs. All three PBCs and Help Me Grow anticipate continuing these collaborative efforts.
- The data presented in the final evaluation demonstrate that within each PBC and across Utah, the more children screened, the more children that are discovered with mild, moderate or marked developmental delay. On average, 8-9% of children screened (all ages) are below cutoff on the ASQ-3 and/or the ASQ: SE-2. When one examines screening results data at a program level, between 1%-21% of children are experiencing developmental delay.

Typically, 60% of the time, delay is found in one domain only; 20% of the time delay is experienced in two or three domains, it is rare (4%) of the time that a child is behind in all five ASQ-3 domains (communication, gross motor, fine motor, problem solving and personal-social).

- Data analysis performed by Weber State University, in partnership with Prevent Child Abuse Utah's Parents As Teachers Program (Ogden), demonstrated children scoring below cutoff, that received ongoing services and regular/repeated developmental screening improved their disposition.

VII. Recommendations for Future ECCS Initiatives

Future recipients of ECCS grants would benefit from an increased amount of funding. In order to fully realize the potentials of ECCS Collective Impact Grants, funding would be robust enough to not only support the lead agencies' sustained systemic efforts but also deep enough to provide the resources needed to adapt and/or enhance services at the community level. Direct service providers are the most critical component to success.

Technical assistance organizations that are stable, experienced and consistent in their approach to measurement practices are also of great benefit to grant recipients. Grant performance measures should align closely with the objectives articulated in the grant application.

VII. Final Summary

ECCS Collective Impact Grant activities lead to increased coordination and collaboration between state agencies and community-based providers. An increased number of community-based programs from the targeted regions enrolled and participated in the UDOH ASQ Online Enterprise Account. Developmental screens contributed to the account from PBC screening programs increased from 94 in 2016 to 424 in 2019. New partnerships and relationships were formed and they will continue on. Many programs, people and parents became aware of the importance of young children reaching developmental milestones. A broader aspect of ECCS Collective Impact Grants is to improve the overall early childhood system. As evidenced by the contents of this report, the stakeholders involved with this grant and other related initiatives have been an integral part of much early childhood systemic growth over the last five years. And we're just getting started.